

Kovach

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>Received by (Printed Name) <i>James S. Bellamy</i> C. Date of Delivery <i>12-11</i></p> <p><i>James S. Bellamy</i> <i>Montgomery, AL</i> <i>Howard P.C.</i></p> <p><input type="checkbox"/> Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Mid South Home Care Services, Inc. National Registered Agents, Inc., 150 South Perry Street Montgomery, AL 36104		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label) <i>num i complaint (20)</i>		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7004 1160 0001 9645 3867	

PS Form 3811, August 2001

Domestic Return Receipt

06-159

102595-02-M-1540